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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
May/1/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
PT X 9 visits cervical spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male whose date of injury is xx/xx/xx. The patient felt sharp pain. Physical therapy evaluation dated 01/30/14 indicates that the patient reports severe radiculopathy pain into the left shoulder. Pain is rated as 4/10 with medications. Cervical range of motion is flexion 30, extension 45, right rotation 35, left rotation 40, right side bend 35, left side bend 25 degrees. MMT is within normal limits throughout. Bilateral upper extremity strength is within normal limits. Diagnosis is cervical disc herniation. The patient subsequently completed 16 physical therapy visits. Re-evaluation dated 03/26/14 indicates that cervical range of motion is flexion 48, extension 20, right rotation 40, left rotation 50, right side bend 35, and left side bend 25 degrees.

Initial request for PT x 9 visits was non-certified on 03/17/14 noting that the reference would support an expectation of an ability to perform a proper non-supervised rehabilitation regimen when an individual has received the amount of physical therapy services previously provided. The requested amount of supervised rehabilitation services would exceed what would be supported per criteria set forth by the reference. The denial was upheld on appeal dated 04/03/14 noting that the patient has completed 16 physical therapy visits to date. Current evidence based guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The patient sustained injuries on xx/xx/xx and completed a course of 16 physical therapy visits. The Official Disability Guidelines Neck and Upper Back Chapter would support 10 visits of physical therapy over 8 weeks for the patient's diagnosis with subsequent transition to a home exercise program. There is no rationale in the submitted records provided to support continuing to exceed Official Disability Guidelines recommendations. The patient should be encouraged to continue with a structured home exercise program. As such, it is the opinion of the reviewer that the request for PT x 9 visits cervical spine is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)